



111303


13049 U.S. PTO

Please type a plus sign (+) inside this box → PTO/SB/50 (02-01)  
Approved for use through 01/31/2004. OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

<b>Address to:</b>  Assistant Commissioner for Patents Box Reissue Washington, DC 20231		Attorney Docket No.		
		First Named Inventor	Starheim, S.	
		Original Patent Number	6,315,495	
		Original Patent Issue Date (Month/Day/Year)	Nov 13, 2001	
		Express Mail Label No.	BR309707491 US	
<b>APPLICATION FOR REISSUE OF:</b> (Check applicable box)		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>		
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).		
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		11. <input type="checkbox"/> Original U.S. Patent for surrender		
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		<input type="checkbox"/> Ribbioned Original Patent Grant		
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		<input type="checkbox"/> Statement of Loss (PTO/SB/55)		
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
6. <input type="checkbox"/> Power of Attorney		13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449		<input type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)		15. <input checked="" type="checkbox"/> Preliminary Amendment		
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)		16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table		17. Other: .....		
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)		.....		
a. <input type="checkbox"/> Computer Readable Form (CFR)		.....		
b. Specification Sequence Listing on:		.....		
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or				
ii. <input type="checkbox"/> paper				
c. <input type="checkbox"/> Statements verifying identity of above copies				
<b>18. CORRESPONDENCE ADDRESS</b>				
<input type="checkbox"/> Customer Number or Bar Code Label  or <input checked="" type="checkbox"/> Correspondence address below (insert Customer No. or Attach bar code label here)				
Name	SCOT A. STARHEIM			
Address	1112 W. 77 <sup>th</sup> AVE			
City	ANCHORAGE	State	ALASKA	Zip Code 99518
Country	Municipality of Anch.	Telephone	(907) 223-8623	Fax (907) 336-2376

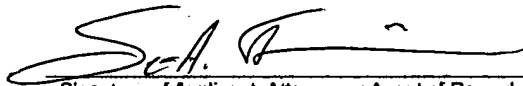
NAME (Print/Type)	SCOT A. STARHEIM	Registration No. (Attorney/Agent)	
Signature		Date	11/1/02

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

17513 U.S. PTO  
10/712912

111303

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION FEE TRANSMITTAL FORM</b>							Docket Number (Optional)	
<b>Claims as Filed – Part 1</b>								
Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity			
			Rate	Fee	Rate	Fee		
(A) <u>21</u>	Total Claims (37 CFR 1.16(j))	(B) <u>21</u>	**** =	x \$ <u>0</u> =			x \$ _____ =	
(C) <u>3</u>	Independent claims (37 CFR 1.16(i))	(D) <u>3</u>	* =	x \$ <u>0</u> =			x \$ _____ =	
				Basic Fee (37 CFR 1.16(h))		\$ <u>385</u>		
				Total Filing Fee		\$ <u>385</u>		OR \$ _____
<b>Claims as Amended – Part 2</b>								
	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
Total Claims (37 CFR 1.16(j))	*** <u>21</u>	MINUS	**	* =	x \$ <u>0</u> =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	*** <u>3</u>	MINUS	****	=	x \$ <u>0</u> =		x \$ _____ =	
				Total Additional Fee		\$		OR \$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>385</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p><u>11/12/2003</u></p> <p style="text-align: center;">Date</p> <p>_____ Registration Number, if applicable</p> </div> <div style="width: 45%; text-align: right;"> <p></p> <p style="text-align: center;">Signature of Applicant, Attorney or Agent of Record</p> <p><u>Scot A. Starheim</u></p> <p style="text-align: center;">Typed or printed name</p> </div> </div>								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE PATENT APPLICATION STATEMENT AS TO LOSS OF ORIGINAL PATENT</b>		Docket Number (Optional)
<p>I hereby state that:</p> <p>I am the applicant for a reissue patent based on the original patent identified below.</p>		
Name of Inventor(s)/Assignee(s) <u>Starheim, Scot</u>		
Patent Number <u>6315495</u>		
Title of Invention <u>Portable Environmental Containment Systems</u>		
Reissue application number (if known)		
<p>The ribboned original patent grant is lost or inaccessible.</p>		
Signature <u>Scot A. Starheim</u>		
Typed or printed name <u>Scot A. Starheim</u>		Date <u>11/12/2003</u>
Title (e.g. inventor(s), officer of assignee) <u>Inventor</u>		

Burden Hour Statement: This form is estimated to take 0.05 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.